

TO AIG 4579
AL 4579(UC)
TCC JACKSON(UC)
BCC /O=DFAS/OU=DFAS-DMS/CN=RECIPIENTS/CN=DMS INDIANAPOLIS(UC)

UNCLAS

MSGID/GENADMIN/DFAS-IN-PTAA//

SUBJ/ TRAVEL ENTITLEMENT GUIDANCE FOR SERVICE MEMBERS OR CIVILIAN
EMPLOYEES WOUNDED IN ACTION (WIA) AT ANY LOCATION:

GUIDANCE ON PROCESSING WIA TRAVEL VOUCHERS FOR MILITARY AND CIVILIANS
(TRAVEL TECHNICAL MESSAGE (TTM 06-02)

// RMKS/ REF A. DODFMR CHAPTERS 7A, 8 AND 9.

REF B. JOINT FEDERAL TRAVEL REGULATION (JFTR) U5246 REF C. JOINT TRAVEL
REGULATION (JTR), CHAPTER 6

1. A TEAM IDENTIFIED AS THE WOUNDED IN ACTION TEAM HAS
BEEN ESTABLISHED AT EACH FINANCE OFFICE TO ASSIST WITH ALL FINANCIAL
MATTERS INVOLVING WIAs. A MEMBER OF THE WIA TEAM WILL ASSIST THE
MEMBER/EMPLOYEE IN PREPARING THEIR TRAVEL VOUCHERS AND WILL ALSO ASSIST
WITH PREPARATION OF DEPENDENT TRAVEL VOUCHERS, IF NECESSARY.

2. IF A WOUNDED INDIVIDUAL IS NOT WELL ENOUGH TO SIGN THEIR
OWN VOUCHER, THEN A COURT APPOINTED GUARDIAN OR AN APPOINTED SPECIFIC
POWER OF ATTORNEY MUST SIGN. IF THERE IS NO COURT APPOINTED GUARDIAN OR
POWER OF ATTORNEY, THEN THE BENEFICIARY AS STATED IN THE DODFMR (VOL 8)
MUST SIGN IN THE SOLDIER/EMPLOYEE'S PLACE. THE CASUALTY ASSISTANCE OFFICE
(CAO) SHOULD ENSURE ALL CLAIMS ARE REVIEWED, AND CONTAIN A REVIEWER'S
SIGNATURE AND DATE AS WELL AS THE APPROPRIATE SIGNATURE FOR THE
TRAVELER AND THEIR DEPENDENTS.

3. ALL SETTLEMENTS SUBMITTED MUST CONTAIN THE FOLLOWING
DOCUMENTS AND INFORMATION:

A) A DD FORM 1351-2

B) A DA FORM 31 OR LEAVE SLIP

C) RECEIPTS FOR LODGING AND ANY EXPENSES EXCEEDING \$75.00

D) A LIST OF ENVIRONMENTAL LEAVE AND COPY OF THE EML LEAVE
FORM IF APPLICABLE.

E) ALL STOPS (OVER NIGHT STOPS, POE, POD, STARTING AND FINAL
DESTINATION, EACH HOSPITAL OR ANY PLACE THE TRAVELER SPENT THE
NIGHT) ARE LISTED IN THE ITINERARY OF THE TRAVEL CLAIM.

F) A COPY OF THE ORIGINAL DEPLOYMENT ORDERS AND THE
MANIFEST. (IF THE MANIFEST IS NOT AVAILABLE, A MEMO FROM THE TRAVELER_S
CMDR OR REAR DETACHMENT CMDR/CBHCO CDR STATING DATES OF DEPLOYMENT
CAN BE SUBSTITUTED) A COPY OF ANY OTHER ORDERS, STATEMENTS OF NON-
AVAILABILITY (IF APPLICABLE), AND ANY OTHER SUPPORTING DOCUMENTS RELATING
TO THE TRAVEL.

G) IF THE MEDICAL COMMUNITY PREPARES A DD FOR 1610 FOR A
SOLDIER AND THE SOLDIER HAS IT IN THEIR POSSESSION, THEN THEY WILL SUBMIT IT
WITH THE TRAVEL SETTLEMENT.

H) COPIES OF ANY ACCRUAL PAYMENTS/ADVANCES/PARTIALS

4. ALL INVITATIONAL TRAVEL AUTHORIZATION (ITA) SETTLEMENTS SUBMITTED
MUST CONTAIN THE FOLLOWING DOCUMENTS AND INFORMATION.

A) ORIGINAL ORDERS

B) ACCRUALS AND ADVANCES

C) DD FORM 1351-2

D) COPIES OF ALL RECEIPTS FOR LODGING AND EXPENSES
EXCEEDING \$75

5. SUBMITTING TRAVEL SETTLEMENTS TO DEFENSE FINANCE AND ACCOUNTING SERVICE (DFAS):

- A) ACTIVE DUTY SOLDIERS: ALL SETTLEMENT VOUCHERS FOR ACTIVE DUTY SOLDIERS SHOULD BE SENT TO THE SOLDIER'S SERVICING TRAVEL OFFICE.
- B) INVITATIONAL TRAVEL AUTHORIZATIONS (ITA): EFFECTIVE IMMEDIATELY AND UP THROUGH JANUARY 31, 2006, SEND ALL VOUCHERS FOR ITAs TO DFAS SAN ANTONIO, 500 MCCULLOUGH AVENUE, ATTN: TRAVEL PAY SERVICES WIA, SAN ANTONIO, TX, 78215, OR FAX CLAIMS TO (210) 527- 8141. A POC NUMBER AT SAN ANTONIO IS 210- 527-8104. PREPARE A WIA FAX COVER SHEET FOR EACH GROUP OF SETTLEMENTS SUBMITTED. EFFECTIVE FEBRUARY 1, 2006, ITA VOUCHERS ARE TO BE SENT TO DFAS INDIANAPOLIS, 8899 EAST 56TH STREET, ATTN: DEPT 3700 WIA, INDIANAPOLIS, IN 46240.
- C) RESERVES: COMPLETED VOUCHERS CAN EITHER BE MAILED TO:
DFAS INDIANAPOLIS, TRAVEL PAY CONTINGENCY SECTION _ WIA CELL,
8899 EAST 56TH STREET, INDIANAPOLIS, IN 46240
OR FAX VOUCHERS TO 317-510-7699. A POC NUMBER IS 317-510-3902.
PREPARE A WIA FAX COVER SHEET FOR EACH GROUP OF SETTLEMENT VOUCHERS SUBMITTED.

6. TRANSPORTATION/PER DIEM OF FAMILY MEMBERS OF AN ILL OR INJURED MEMBER. NOT MORE THAN THREE FAMILY MEMBERS OF A MEMBER MAY BE PROVIDED ROUND-TRIP TRANSPORTATION AND PER DIEM UNDER REF B WHEN AUTHORIZED BY APPROPRIATE AUTHORITY.
IN EXTENUATING CIRCUMSTANCES, THE SECRETARIAL PROCESS MAY AUTHORIZE TRANSPORTATION AND PER DIEM FOR MORE THAN THREE FAMILY MEMBERS.

7. FOLLOW-UP ON TRAVEL SUBMISSIONS TO DFAS. ALL VOUCHERS ARE TRACKED AT EACH DFAS LOCATION TO WHICH SUBMITTED.
DIRECT ANY INQUIRIES ABOUT INDIVIDUAL TRAVEL CLAIMS TO THE OFFICE TO WHICH THE CLAIM WAS SUBMITTED. PLEASE ALLOW SUFFICIENT TIME FOR PROCESSING BEFORE REQUESTING A STATUS ON THE CLAIM.

8. THIS MESSAGE HAS BEEN COORDINATED WITH THE DFAS-IN WIA CUSTOMER SERVICE TEAM. IF THERE ARE ANY QUESTIONS PERTAINING TO WIA TRAVEL VOUCHER, PLEASE CONTACT THE DFAS-IN WIA TEAM AT 1-888-332-7366.

9. POC FOR THIS MESSAGE IS TRAVEL PAY SERVICES, MANAGEMENT PROCEDURES BRANCH, 317-510-5372/1049/5094/5090.

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